

RECEIPT # _____

TROY RECREATION DEPARTMENT'S

**2005
ADULT SWIM LESSONS
(18 and Older)**

at Troy Aquatic Park

Monday thru Thursday, 7:45 p.m.-8:30 p.m.

Name _____ Male/Female _____
Address _____ Phone _____
(street) (city) (zip)
E-Mail Address _____
Birthdate _____ Age _____
Allergic to any medication? _____
Doctor's Name _____ Phone _____
Emergency call _____ Phone _____
(neighbor or relative)

REGISTRATION FEE: \$15.00

_____ **SESSION I (JUNE 6-16)**

(Registration Deadline: June 1)

_____ **SESSION II (JULY 20-30)**

(Registration Deadline: June 15)

WAIVER AND RELEASE

I, the undersigned being fully aware of the dangers inherent to the sport of swimming, do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injury incurred while participating in the Adult Swim Program.

Date _____ Signature _____

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.